PTO/SB/22 (08-03)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional) PF030103
	n re Application of BEN VAN HAEGENDOREN ET AL.		
	Application Number 10/561,142 F		Filed December 19, 2005
CUSTOMER NO.: 24498	For NETWORK EQUIPMENT AND A METHOD FOR MONITORING THE START UP OF SUCH EQUIPMENT		
	Art Unit 2114 Examiner Bradford A. Rodgers-Farmer		ord A. Rodgers-Farmer
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above dentified application.			
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):			
One month (37 CFR 1.	17(a)(1))		\$ <u>120.00</u>
☐ Two months (37 CFR 1	☐ Two months (37 CFR 1.17(a)(2))		\$
☐ Three months (37 CFR 1.17(a)(3))		\$	
Four months (37 CFR 1.17(a)(4))		\$	
☐ Five months (37 CFR	1.17(a)(5))		\$
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.			
□ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-0832</u> . I have enclosed a duplicate copy of this sheet. I am the			
assignee of record	of the entire interest.	See 37 CFR 3.71	
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
☑ attorney or agent of record. Registration Number 36,269			
attorney or agent under 37 CFR 1.34(a).			
Registration number if acting under 37 CFR 1.34(a)			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
September 29, 2008			shedd
Date			Signature
(609) 734-6828			ROBERT D. SHEDD
Telephone Number		***************************************	Typed or printed name
AOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if			
			,-,, x

more than one signature is required, see security.

Total of I forms are submitted. This collection of information is required to obtain or retain a benefit by the public which is to file (and by the IDSTO to process) an application. Confederatility is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including aghering, preparing, and submitting the completed application form to the USPTO. Then will vary depending upon the individual case, Any comments on the amount of the you require to complete that from another of the you require to complete that from another of the you require to complete the from another aggregations for reculourly this burrefun, should be sent to the Child Information Officer, U.S. Platent and Trademarc Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, V.A. 22313-1450, DO NOT SEND FEES ON COMPLETED FORMS TO THIS ADDRESS. SEND 107. Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 22313-1450, DO NOT SEND FEES ON COMPLETED FORMS TO THIS ADDRESS. SEND 107. Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 22313-1450, DO NOT SEND FEES ON COMPLETED FORMS TO THIS ADDRESS. SEND 107. Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 22313-1450, DO NOT SEND FEES ON COMPLETED FORMS TO THIS ADDRESS. SEND 107. Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 22313-1450, DO NOT SEND FEES ON COMPLETED FORMS TO THIS ADDRESS. SEND 107. Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 22313-1450, DO NOT SEND FEES ON COMPLETED FORMS TO THIS ADDRESS. SEND 107. Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 22313-1450, DO NOT SEND FEES ON COMPLETED FORMS TO THIS ADDRESS. SEND 107. Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 22313-1450, DO NOT SEND FEES ON COMPLETED FORMS TO THIS ADDRESS. SEND 107. Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 22313-1450, DO NOT SEND FEES ON COMPLETED FORMS TO THIS ADDRESS. SEND 107. COMPLETED FORMS TO THIS ADDRESS. SEND 10